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ABSTRACT

This theme issue of the Bernard van Leer Foundation's "Newsletter" is devoted to approaches to working with disadvantaged children up to 3 years of age. An introduction describes the crucial period from before birth to 3 years, noting that although the mother's body provides the an essential part of the environment, other easily identifiable (and avoidable) factors can cause problems. Providing training programs and information can help reduce risks. It also notes that child development can vary from culture to culture. Intervention can be guided by theory, but it is important to recognize that most theory originates in the United States or Europe and should not be assumed to be universally valid. The remainder of the newsletter consists of descriptions of intervention approaches and programs for disadvantaged children in: (1) France; (2) Peru; (3) Israel; (4) The Netherlands; (5) Romania; (6) El Salvador; (7) Zimbabwe; (8) England; (9) the United States; (10) Scotland; (11) Malaysia; (12) and Columbia. One essay discusses various child development theories, including those of Piaget, Vygotsky, Bronfenbrenner, and Brazelton. (TM)

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# Children 0 - 3

Small, vulnerable and wordless though the baby may be, it is at the same time power packed with astonishing potential.[1]

The first nine months in the womb, and the subsequent three years of separate life is a time of unparalleled growth and development. In those three years and nine months, a microscopic collection of rapidly dividing cells becomes a unique human being. This independent individual is likely to be highly mobile, a communicator, a keen observer, a voracious learner, a capable experimenter, a creator, a thinker, a former of concepts and a person who has an impact on anything or anyone within range.

*A new explorer sets out (Brazil, Projeto Araucária)*

It is because of such growth and development that these months and years are crucial for children's futures: broadly speaking, children who have the opportunity to sustain both good physical growth and sound personal development will be better equipped for life than those who do not.

The approaches to working with disadvantaged children described in this Newsletter are about providing them with better opportunities for starting their lives in the best possible way. Such approaches start from the viewpoint that disadvantaged children are not by any means doomed to remain disadvantaged. Most are astonishingly robust and resilient, can overcome all manner of privation and can recover from almost any calamity short of life-threatening catastrophe or absolute failure to meet their most basic needs. Where intervention is concerned, prevention of problems is the key area.

## First environment

The first nine months of a human's life are spent in the womb, an apparently ideal environment that provides warmth, sustenance and considerable security; which usually meets all of the needs of the fetus. But, even though a mother's body will do everything possible to nourish and protect the baby, poor maternal health, hunger, narcotic abuse and disease can prove overwhelming.

It is not difficult to identify the factors which can cause problems (see fig. page 2), nor is it difficult to see how to remove them altogether or reduce their impact. This is relatively straightforward in societies where most women have access to both appropriate advice and the necessary resources. However, prospects and possibilities are much more complex in poorer communities.

## Special 75th edition

This is the 75th edition of the Bernard van Leer Foundation's *Newsletter*. It started life as a house journal mostly directed to the projects it supported.

Over the years, it has evolved into something closer to a specialised magazine about early childhood development. It now collects and shares ideas, experiences and theories, many of which are drawn from the work of the projects, and is a major resource for the ECD field.

The theme of this special edition is central to the interests of the Foundation and it is carried through the whole of the *Newsletter*.

It includes contributions from:
France *page 6*, Peru *page 7*, Israel *page 8*, The Netherlands *page 9*, Romania *page 10*, El Salvador *page 11*, Zimbabwe *page 12*, England *page 13*, USA *page 14*, Scotland *page 16*, Malaysia *page 18* and Colombia *page 21*.
Theoretical contributions to child development *page 19*
Resources *page 23*

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**Developmental Health Watch**

*It is important for pregnant women, their husbands, partners and other family members to recognise these signs. They indicate that extra care and regular visits to a health worker are needed.*

**Maternal warning signs before pregnancy begins:**

An interval of less than two years since the last birth

Under 18 or over 35 years of age

Four or more previous children

Previous baby born weighing less than two kilograms at birth

Previous difficult or Caesarian birth

Previous miscarriage, abortion or still birth

Low maternal body weight, less than 38 kgs before pregnancy

Short maternal stature, less than 145 cm in height

**Maternal warning signs during pregnancy:**

Failing to gain weight

Paleness of inside eyelids (should be red or pink)

Unusual swelling of legs, arms or face

**Four emergency signs – get help immediately**

Bleeding from the vagina during pregnancy

Severe headaches (? high blood pressure)

Severe vomiting

High fever

Please note that charts like this can only give general indications. They will need to be adapted to local conditions and customs.

Many projects have programmes which set out to identify and develop affordable local resources. This may include something as complex as validating successful traditional practices in pre-natal and peri-natal care; often in parallel with working for formal medical facilities to complement what traditional approaches can achieve.

On the other hand, work can centre on providing vital information which will help to reduce risks. One approach is to train experienced mothers from the same community to become para-professionals capable of sharing their knowledge and skills with first time mothers-to-be (page 9). Their work will often continue for many months after birth.

Such an approach can reveal previously unsuspected skills in the para-professionals. For example, in the *Al-Um-Al-Dalil* (Mother to Mother) project with Arab communities in East Jerusalem, Israel, project coordinators and para-professionals come together in weekly workshops to research and write their own teaching and learning materials. The result is more pertinent and understandable materials for the target mothers (see page 8).

New babies seem helpless and singularly ill-equipped to deal with the world. But, fortunately most arrive in a loving and secure environment in which their basic needs are anticipated and met by their mothers or their principal caregivers. In all but the most extreme cases, they are also protected from whatever dangers face their families or communities.

**Growth and maturation**

During the first three years of life after birth, children continue to grow rapidly. But their growth is now centred more on maturation. Most babies arrive more or less physically complete and rapidly start learning how to make more and more sophisticated use of their senses and physical abilities as these, in turn, grow stronger and more usable.

Close observations of this complex area have produced often contradictory theories about what is happening, when and why. However, there now seems to be agreement that such growth and maturation is made up of a number of sequences. An example is becoming mobile. Initially this is restricted to uncoordinated limb movements, some of which hint at crawling. Soon babies are able to roll over and so the sequence continues through shuffling on their bottoms, through 'swimming' ineffectually on their stomachs to crawling, lurching around upright, walking and then – rather inefficiently – running.

Not all babies go through all of these stages, but they are likely to follow the sequence. Nor will all babies start and complete the sequence at the same ages. That depends on local custom or culture, opportunity, physical wellbeing, inclination and the uniqueness of each child.

For projects working with families, knowledge of such sequences – and of many other aspects of healthy growth – is necessary to help parents monitor progress and spot problems. Cassie Landers[2] has produced charts to guide such work. However, these will often need extensive adaptation to reflect local norms and realities (see pages 2, 3, 4, 5).

Children's physical growth and maturation require food, shelter, maintenance of body temperature, protection from disease and so on. And, broadly, these needs don't change. But it is interesting to note that the phenomenon known as 'failure to

*right: the earliest interactions between the babies and their principal caregivers – usually their mothers – are supremely important (Brazil, Projeto Araucária)*

*above: para-professional village health workers can weigh children to check that they are growing as – in line with local norms – they should ...*

*right: ... but malnutrition can be measured in many ways, including common-sense observation (Ecuador)*

thrive" suggests that, irrespective of how well such needs are being met, the absence of love and security can adversely affect growth and maturation.[1]

**The developing person**

Meanwhile, physical maturation is complemented by the development of the 'person'. Discussion of this is much more complex but it is often referred to in terms of the character, the personality, the inner world or the psyche. Whatever its origins, nature and mechanisms, it is manifested in a number of observable skills, abilities and attitudes. These include socialising, thinking, creating, loving, trusting, judging, experimenting, exploring and working with accumulated experience.

While development here is obvious and impressive, it is not always clear how and why it happens. But it is clear that the development of the observable skills, abilities and attitudes themselves can be helped and improvements seen. In these terms at least, children's development as people can be supported by parents and caregivers.

During the first three years, the world that children perceive and operate in expands dramatically. It begins with the mother or principle caregivers. It soon extends to other close family members and begins to include other features: the sensation of being bathed, an attractive light source, movements, and so on. Soon it also encompasses a social world of a wider community, and a physical world of recognised geographical areas: the floor, the ground, a different room, and so on. Expansion thereafter is rapid.

As a child grows, it is obvious that developmental needs change rapidly and dramatically. Most children quickly become excellent learners and they need resources and facilities to work with. They also need new experiences and new possibilities: what was useful and important at three months may well be much less important at four months.

But there are some constants. These include: love, care and a sense of security; opportunities for fun and play; time to build relationships with others; materials for testing; a base from which to explore; and so on.

Not unexpectedly then, parents or children's usual caregivers are widely regarded as the most appropriate people to provide and maintain such an environment, and the approaches of projects reflect this.

However not all caregivers are prepared or equipped for the complex and demanding role that they are now expected to play. For example, Marisa

**Three sequences of development**

| Language development | Emotional development | Motor Development |
|---|---|---|
| Babbling | Smiling at eye-to-eye contact | Lifts head when lying on stomach |
| One word utterances | Distress at separation from mother | Rolls over |
| Two and three word sentences | Using main caregiver(s) as secure base for exploring immediate environment | Sits without support<br>Creeps on hands and knees |
| Multi-word, adult-like sentences | Temper tantrums when thwarted | Walks |

Please note that charts like this can only give general indications. They will need to be adapted to local conditions and customs.

de Martinez describes approaches to improve the lives of the street vendor mothers and their children in El Salvador (page 11).

Generations of children who have been exposed to violence, poverty and low status have combined to create an environment centred on basic survival and characterised by almost complete emotional deprivation. Work is based on providing spaces in which children can be children; and on encouraging mothers – and, increasingly, fathers – to participate and contribute. Expectations and abilities of both children and parents are raised and lessons are learned.

But not all children live with their parents. Recent Newsletters have discussed the effects of war, famine and other disasters on families and the environments of children; and there are many other examples. However, one newly apparent phenomenon is that of institutionalised babies and children in Eastern European states. On page 10 of this Newsletter a development worker describes what can be achieved with such children in Romania. A first step is to improve the environment; and this involves building up new facilities, materials and attitudes for the benefit of the children while they remain in the institution. As the article describes, this is matched by work to reunite children with their parents and return them to their homes.

**Children and culture**

Terezinha Nunes[4] puts forward the argument that – apart from a state of physical maturation – childhood should be seen as a cultural invention. For example, in one culture a child may share the responsibility of caring for goats, while in another, a child of the same age is attending pre-school and considered too young and immature to have any responsibilities.

*right: learning from siblings about how to tend the goats may be part of a child's introduction to family duties (Kenya)*

The lessons for intervention are obvious and have clearly been applied in the Foundation-supported National Non-formal Education Programme operated by the Ministry of Education which works with Quechua communities in the Andes mountains of Peru. It is based on the concept of the life cycle as it is understood in the Quechua culture. Careful observation, analysis and reflection has brought about a fundamental reworking of the project's approach. It now starts from time spans such as that between birth and the appearance of teeth; and from such traditional practices as children consolidating their membership of a social group during their period of 'wandering' (page 7).

**Growth, development and theory**

Naturally, any intervention can usefully be guided by theory. However, the world of theory is a tangled one. In the area of work with the youngest children, theory is of two broad kinds: that which is informally accumulated from direct experience by practitioners (such as para-professionals); and that which is formally established by theoreticians through research and reflection and then tested through implementation and evaluation.

Unfortunately, however, practitioners do not always keep pace with formal theory, while theoreticians, for their part, do not always attach sufficient value to the informal theory which guides so many practitioners. Yet examination of what practitioners actually do, and what theoreticians say they should do, does not always reveal irreconcilable differences: both share much common ground and many of the same areas of doubt. They also tend to focus on the same areas for action, and to suggest the same kinds of actions. It is also clear that both groups have shifted their ground substantially over the past few decades.

Fifty years ago this article would probably have suggested that children's futures are determined genetically, that, for example, little can be done to make profound changes to their 'intelligence' and that development and education programmes should limit themselves to fulfilling the pre-ordained.

Thirty years ago it would have considered two diametrically opposed approaches: one was that stimulation and opportunities for learning are everything and that children can achieve anything through being exposed to the right kinds of experiences; the second was that children are 'empty

**Seeing and Understanding Skills at Six Months**

Develops full colour vision

Distance vision matures

Ability to track moving objects matures

Finds partially hidden object

Explores with hands and mouth

Struggles to grasp objects that are out of reach

Please note that charts like this can only give general indications. They will need to be adapted to local conditions and customs.

### Developmental Health Watch

*Because babies develop in their own particular manner, it is impossible to tell exactly when or how a child will master a given skill. Developmental milestones simply give a general idea of the changes to expect. A baby whose development takes a slightly different course should not give immediate cause for alarm. However, a baby who shows any of the following signs of possible developmental delay during this period should be seen by a health worker*

Won't cuddle and shows no affection for her primary caregiver

One or both eyes consistently turns in or out

Has difficulty getting objects to her mouth

Does not roll over in either direction by five months

Does not smile spontaneously by five months

Cannot sit without help by six months

Does not smile or make squealing sounds by six months

Does not actively reach for objects by six to seven months

Does not bear some weight on legs by six or seven months

Does not babble by eight months

Please note that charts like this can only give general indications. They will need to be adapted to local conditions and customs.

vessels' who simply need to be filled up with the right information and programmed for their future lives. Today the position is much more complex and subtle, as the article on page 19 makes clear.

#### Western predominance of theory

However, what is disturbing about reviewing child development theory is that much of what is readily available has its origins in Europe or the USA. Such formal or informal theories as have been developed independently elsewhere do not circulate so widely (but see page 20). This overwhelming presence of 'Western' theories could lead to the impression that they are universally valid. Fortunately, however, this danger has been recognised. For example, A. Bame Nsamenang calls for a radical change of perspective:

> **Although human beings everywhere** endeavour to raise competent offspring, different cultures apply different programmes under a variety of ecological conditions, with differing outcomes. For (Western) psychologists to be blind to, or undermine, such realities is to be expertly ignorant about the content area of their discipline... There is a dire need to develop new conceptual vocabularies and innovative methods to deal with, explain and interpret more thoroughly the reality of the human condition among the bulk of humanity in 'exotic' cultures... We ought to intensify and evolve new insights from cross-cultural collaborative research.[5]

He reinforces this by making it clear that the people who should be contributing new theories drawn from 'exotic' cultures should have the closest possible ties with those cultures.

#### The limits of child development

Pablo Casals, a musician famous in the world of European music, spoke once of every new child as being unique, wondrous, and possessed of infinite potential. He went on to condemn the ways in which we constrain most children, calling instead for them to be encouraged to develop to the very limits of their potential.

It's a seductive idea, especially for those of us who have had the opportunities to pursue our own development, who know that we have been fortunate, and who sometimes wish it for others too.

But do we really mean that all children should be developed to the maximum of their potential? Or do we mean that they should be prepared to be as successful as they possibly can be in the life of the society that they are born into? This certainly fits in with what many parents want, and many governments as well. In that case, Pablo Casals would claim that one area of human potential in each succeeding generation is largely lost to the world – that which is centred on creativity.

Even the briefest reflection on these alternatives raises a host of implications for work with the youngest children. However, for many projects, the reality is a battle to improve children's growth and development sufficiently to enhance their chances of a sustainable future at an adequate level. ❑

**Notes**

1. Morris, D (1991), *Babywatching*, Jonathan Cape, London. ISBN 0-224-03259-3
2. 'The development of the young child: birth to six years of age', in *Enhancing the skills of early childhood trainers*, Bernard van Leer Foundation/UNESCO, The Hague, The Netherlands. (Forthcoming, 1994)
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5. Nsamenang, Bame A, (1992), Human development in cultural context, Sage Publications, Newbury Park, Ca., USA; London, New Delhi. ISBN 0-8039-4636-8

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Children 0 - 3

# France: laying the basis of knowledge

Josette Combes

*above: a father takes responsibility for an outing to the park*

The first three years is a very important phase in human beings' lives. It is the time when people discover everything they will need and use thereafter. It's a phase where the basis of all knowledge is laid in the mind, and, at the same time, the relationship between the mother and baby plants the roots of emotions which take hold and grow.

However, we often forget how important the relationship between babies and everyone else around them is. The focus has been on the baby-mother relationship only. We now know that the peers, the father, the siblings, even pet animals, are significant for children.

**The relationship between the parents and the caregivers**

In France, because most mothers work, many babies are cared for outside the family home for much of the day by other adults. It is critical therefore that there is dialogue between parents and these caregivers, as it forms the basis of the relationship between the caregiver and the child. Children are very much aware of the quality of relationship between their parents and caregivers but unfortunately this dialogue is not developed enough. Because of the pressure on parents to be at their workplace on time, children are usually brought to centres in a hurry. The initial contacts when parents come to see the centre and meet the caregivers is of utmost importance in fostering good relations between parents and caregivers.

Parents often feel uncomfortable or guilty at leaving their children in the care of others. They don't know what to ask or what to say, what to look at or what to bear in mind. They feel uncertain, and the carers are usually concerned only with reassuring them that their children will be safe. Not enough time is spent on getting to know each other in depth to allow the caregivers to better understand the children and their backgrounds. Parents generally do not know what to say about their children except what they like or dislike, or what they are used to. More time needs to be dedicated to exchanging knowledge.

**The *crèche parentales***

The fundamental difference between other child-care centres and our *crèches parentales* is that the parents work at our crèches. Each crèche has a rota and each parent has to work with the professionals once a week, mostly for half a day. They can therefore always talk to the caregivers about their children. They also always know what is happening to their children in the crèche and can see the benefits of this system. Parents whose children attend other crèches say that they do not have enough time to talk with the caregiver of their children.

Though parents do get a lot out of working in the crèches, in some cases it is difficult to fit the rota in with their work. They must have flexible working hours so that they can spare half a day. For those who work part time this is not a problem, in two parent families one of the parents can usually come.

**The multicultural context of ACEPP's work**

Our project works not only in multicultural situations but also with disadvantaged people. This means that not only do many of the project's families have different cultures from the mainstream French, but they are also in very difficult social situations. We want to give all children a good start in life. We believe that children who speak other languages should be immersed in the language of the country in a setting where there is no challenge or confrontation. In our crèches caregivers constantly speak in French, not in a didactic way, but to stimulate the children without the challenge that they will face later in the formal school system. When migrant children go to school straight from home at three to four years of age it is already too late. They face competition, and feel bad when their classmates speak French fluently while they cannot.

While it is crucial that these children begin to speak in the language of the country, we do encourage the parents to speak their own language at home. Many parents think that it is better to speak French at home so that their children are not disadvantaged when they go to school. But, in fact, it is just the opposite. Children must speak their own mother tongue in order to communicate with their parents. If the parents speak French to their children, the children may grow up not being fluent and unable to express themselves in either language.

**Caregivers in a multicultural setting**

In the crèches there is a mixture of migrant children and French children, and the caregivers work with all the children in the same way. However, we try to train the caregivers in a way that enables them to

Josette Combes is the director of the parent-run pre-school centres project, run by the *Association Collectifs Enfants-Parents Professionels* (ACEPP) in France. ACEPP establishes and runs *crèches parentales* (parental creches) throughout the country. The project works with children and parents in migrant families, and families living in disadvantaged neighbourhoods. Having established the *crèches parentales*, ACEPP is now working on disseminating its model. In this article Josette Combes describes the principles that underpin the project.

understand children's behaviour. For example, a child may behave in ways that the caregiver perceives as strange and they may stigmatise that child, or assume that he or she is not doing things correctly. We try to make sure that the caregivers understand that cultural differences exist, even with the youngest babies. Babies are born in and grow up in a certain culture and receive certain responses from their parents, which determine their behaviour patterns and habits. Children talk in a certain language, they eat certain foods, they have a certain place in their society. This is very important and must be understood by the caregivers.

Unfortunately, most of the caregivers receive very standardised training – they learn what appears to be the 'universal' way to raise children. Our work is to make them realise that in fact the package of knowledge that they receive in their training is a part of their own culture. They first have to realise this, and then consider its place in the whole cultural spectrum that exists in the world. They then have to try to perceive what is going on in the family, in child rearing for example, in terms of cultural understanding.

We train the caregivers to be aware of these differences and to be prepared to talk about them with the parents without judgement. They learn to understand how a culture works and how it is reflected in the behaviour of children. For example, in certain cultures children may shout, while in others children are expected to be quiet. The caregivers should not make a value judgement – 'This child is shy' – but should realise that it is just part of the child's culture. Similarly with children who make a lot of noise, this too may mean that a child is behaving the way children are expected to behave in his or her culture. We work with caregivers to enable them to understand both the children and the parents. They have to have the attitude that welcomes families to the crèches, and enables them to feel comfortable enough to express themselves and to feel very confident that their children are in these caregivers' care. ❑

## Peru: the life cycle perspective

Maribel Cormach Lynch and Maria Isabel La Rosa Cormack

The Foundation-supported National Non-formal Education, project operated by the Ministry of Education, and working in the Andes mountains of Peru is solidly rooted in the culture of the *Quechua* communities involved. It is based on the theory of the life cycle, accepting that the developmental process takes place in dialectical relation to a wide variety of factors implicated in human development. These range from biological factors to social, cultural and historical elements. Flexibility is the key word.

From a cultural-anthropological perspective, the life cycle of children in the Andes has been described as a sequence of stages distinguished by changes in patterns of socialisation and marked by ceremonies that are particular to this culture. Among these stages are the period between birth and the appearance of teeth; the period between learning to crawl and walking within the house; the period of 'wandering' around the village which follows the incorporation of the child in a social group; and the period of pasturing.

The project has not only incorporated life cycle approaches into curriculum design but also ensured that the new curriculum revalues the traditional patterns of child care, the stages in the life cycle, the agricultural cycle of the community, myths and legends, native language and flow of daily life.

In addition the curriculum has been placed in the context of an integrated and integral vision. This incorporates elements of the local social and cultural environment while remaining open to the national culture, Latin American culture and the universal culture; something that has been achieved not by imposition but through voluntary acceptance by the Quechua people involved.

The consideration of the life cycle in the education of young children allows the experience and learning that children undergo as part of living in a group to be given proper significance. Also, the particularity of a group and its differences in relation to other groups, rather than being regarded as problems, become a resource for facilitating the affirmation of the children's cultural identity and self-esteem. Only thus can we speak of culturally relevant education that includes consideration of quality and equity for those children that most need it.

## Israel: mothers as partners

Farid Abu-Gosh and Samira Nearoukh

*Farid Abu-Gosh – Chairperson of the Trust of Programs for Early Childhood, Family and Community Education Ltd. – and Samira Nearoukh – Coordinator of the Trust's* Al-Um Al-Dalil *(Mother to Mother) project – describe work with Arab communities in East Jerusalem.*

There is wide acceptance of the importance of the early years as a basis for the future development of the human personality; and the 0 - 3 period is taken to be critical in that development. Equally, although different cultures can have different views about who is the caretaker of young children, it is common for the family to be seen as an important agent at this age and for the mother to be seen as the most important figure.

The Trust has developed a holistic and integrated approach to its work, which is based on the development of personality through coordination of resources, socialisation and a prime role for the family. However, given the special place of mothers, *Al-Um Al-Dalil* has developed as a home visiting programme in which experienced mothers are trained as para-professional supervisors to serve as support to other families in their own homes.

### Utilising the best resources

Although the programme makes use of the knowledge and skills of experienced mothers who then help other mothers, this is not always easy. For example, one woman dropped out of the meetings. When we asked why, we discovered that her husband would not allow her to attend if other men were to be there. That meant excluding all men from the meetings.

We have never regarded mothers as potential para-professionals who simply need to be trained: they have a great deal to contribute. An example of this is the way in which we have changed our educational materials. For several years, we used translations from English texts. However, the trained mothers are now helping to rewrite the materials in partnership with the professional project staff.

They draw on their own accumulated experience and bring in examples from the field, as well as doing research. Then they help to plan what is to be done. As they participate in writing the materials and texts for illustrations, they learn from each other and work dynamically together. As a result, the home visiting materials are more pertinent and understandable for the target mothers because they reflect their daily experiences and needs.

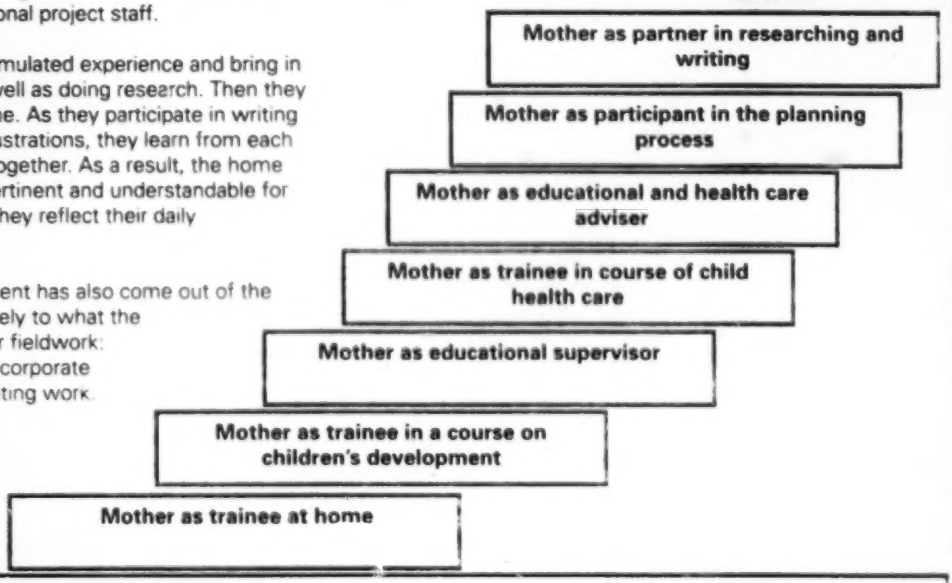
Another significant development has also come out of the project staff listening attentively to what the mothers bring back from their fieldwork: the mothers have led us to incorporate the fathers into the home visiting work.

### The project today

After 14 years of development by the professional coordinators of the Trust, the *Al-Um Al-Dalil* project now consists of three main elements: 1) operating training courses for experienced mothers which are specially tailored to meet the specific needs of the families with whom they will work; 2) preparing written materials to be used as resources for both professionals and caregivers in the fields of education and health care; and 3) maintaining the home visiting programme.

Before any training begins, a needs analysis of families takes place. As a result of this, three general groups of families have been identified. The first are the functioning families who do not need outside help; the second are families with problems who do need help; and the third are non-functioning families.

Our programme is designed to help families in the second two groups by training women from the first group as para-professionals to work with them. ❑


Mother as partner in researching and writing
Mother as participant in the planning process
Mother as educational and health care adviser
Mother as trainee in course of child health care
Mother as educational supervisor
Mother as trainee in a course on children's development
Mother as trainee at home

**Let's climb the steps of the mother's progress during involvement in the project.**

# The Netherlands: mothers inform mothers

Elsbeth Wolf

Elsbeth Wolf, a district nurse and anthropologist by training, works with the *Moeders Informeren Moeders* (MIM - Mothers Inform Mothers) project in Breda, The Netherlands. The project reaches expectant and new mothers who might feel isolated in their motherhood. Many of these mothers feel confused and uncertain about motherhood. Many are not reached by the statutory health services. MIM trains volunteer mothers to act as home visitors to the expectant and new mothers. It does this in cooperation with the *Nederlands Instituut voor Zorg en Welzijn* (NIZW – Netherlands Institute of Care and Welfare), and the statutory health service the *Kruisvereniging Breda* (Breda Health Care Association), complementing the work of both.

The interaction between the mother and child forms the basis on which the child can build in later life as an adult. If the interaction between the mother and child is positive, the child will learn continuously. Responsive mothers create a trust in their children towards their environment and other people.

## The *Moeders Informeren Moeders* project

The MIM project focuses on the 'ecological' base of child development: it takes the whole child and his or her total environment into account. Because of this, the project seeks to work with other people and networks in the area such as midwives and the *peuterspeelzalen* (toddler playgroups).

This holistic aspect of MIM's work makes it unique in the Netherlands. It focuses on nurturing and nutrition, and educational support for children's development. In the Netherlands child health care in general is very good. For example, virtually all babies are covered by vaccination schemes and screening tests. Therefore our problems differ from some other European countries. However, this care focuses primarily on the babies' health at the cost of attention to the mother.

The problems which led to MIM being established are twofold: first, signals from practice showed that mothers have many questions about the development of their children for which professionals have no time. Second, communication problems between working class mothers and professionals, can hamper these mothers' access to health education. Due to time constraints, every baby and mother get an eight minute consultation when visiting the baby health clinic. It is very hard for the professionals to also focus on the mothers' needs in this time. The consultation also tends to concentrate on the babies' health and feeding problems to the exclusion of developmental matters.

## The target group

MIM aims its activities at first-time mothers. It reaches these women through its cooperation with the statutory pre- and post-natal care bodies. The expectant mothers receive a home visit by experienced mothers from their community to inform them about the project, and they may then choose whether or not to join the MIM programme.

Though the largest group that MIM works with are people of Dutch origin, we also work with refugees and migrants, many of whom originate from Turkey and Morocco and most of whom are well established in the Netherlands. In recent months we have seen an increase in non-Dutch families, caused, perhaps, by the war in former Yugoslavia. Both the visiting mothers and the mothers who are being visited – the so called programme mothers – come from various ethnic groups.

## The visiting mothers

MIM carries out its work through the visiting mothers, who receive basic training. This includes listening and stimulating skills, how to focus on the mother, and how to encourage and approve her actions and behaviour towards her children. The home visitors are volunteers who are experienced mothers; they receive a small amount for the costs that they incur in carrying out the visits. We work with experienced mothers because we feel that they are equipped to answer the questions that expectant and new mothers have. They have an understanding of what the new mothers are going through.

The home visitor visits each new mother once a month for one to one and a half hours over a period of 18 months. During these visits they use a basic *praatpapier* (literally a 'talking paper') which forms the basis of topics for discussion with the mothers. They also use a series of cartoons which can visually represent some of the topics which the home visitor covers with the mother during the visit and seem to have a stimulating effect. New mothers are also encouraged to share their own experiences.

Many of the home visitors are motivated because they never had this sort of programme to help them when they first had children. They often say that when they were new mothers so many people would give them advice that they found it confusing. They also say that they always received criticism and never praise, so they did not feel secure in what they were doing with their children.

Of course professionals have a definite place in mother and child care. But there can be a distance between them and new mothers. They listen to the mothers, but are sometimes unable to see the issues that lie behind their questions. Visiting mothers often can see these. And sometimes the professionls do not understand the problems that the new mothers are going through, especially those whose access to services is limited, or who come from a minority group. Professionals are also always under time pressure. Visiting mothers are well able and equipped to focus on the new mothers' needs and questions. They come from the same communities as the new mothers, and are sympathetic to them and understand their worries. ❑

# Romania: creating a Family Room

The author of this article is a British development worker in a Romanian institution for babies and very young children who have been separated from their families. Her job is to train and support local workers in reuniting these children with their parents.

For those she trains, success depends on helping parents and children to accept each other and build up their lives together – a complex and delicate operation which means providing the right settings for the work, and offering the right support to each.

Although the Foundation does not work in Romania, we are printing this article in the knowledge that the situation described is, unfortunately, familiar in other parts of the world.

The mother stands in the doorway of the Family Room with her child in her arms and a look of amazement on her face: after being led down to the basement of this large institution, the last thing she expected to find was a room like this. All her previous visits have been to a busy corridor where she was stared at as she held her child, trying to make contact with him. Now there is a place to sit, there are toys to play with. And there's someone to drink coffee with and talk to about the problems she must overcome before she can take her child home. She lifts her child up to touch the mobile that runs across the room and he smiles: there's time to get to know him at last.

This is where M comes in. She is a Romanian worker, sponsored by *Pentru Copiii Nostri* (PCN – For our children), a recently formed national organisation which currently works in partnership with a development agency from the United Kingdom.

She has been working here for just over four months as part of a nationwide effort to improve the development environments for children in very large institutions. There are nearly 300 children in this one, ranging in age from a few days up to three years. Although some are not visited by their parents and will eventually be made available for adoption by local families, for others there are good chances of returning home. However, until recently there was no special place for parents and children to meet and learn to grow together: hence the Family Room.

Maybe a Family Room doesn't sound like such a radical idea but M has often had to justify her presence and programme in an environment where the new and creative has previously been hard to implement. A wealth of cooperation developed, however, as practical tasks were undertaken to prepare the Family Room for the first visits.

### Life stories

Children need identities, especially those who have been institutionalised. So M ensures that the children have a collection of information about their origins and past. This is done as part of the work of preparing them for moving on. It includes recognition that they were once in an institution, why they were there and what role that played in their lives; and may feature family details, photos, hand prints, and pictures of a favourite toy along with details about their development – their first steps, their first teeth, and so on.

Gradually M's confidence and skills have grown and she has now devised her own very effective programme: it's a long way from the first fraught

## What is a Family Room?

It's a place where children can feel relaxed and supported, can have a familiar person to relate to, can play.

It's a place where parents can feel supported, can learn how to interact appropriately with their children, can be offered practical advice.

It's a place where progress can be analysed, plans for the future can be discussed and made.

### Activities with children

preparation for moving on

play in small groups

helping development of age-appropriate skills with age-appropriate toys

hand painting

water play

one to one work with delayed/disturbed children helping them to form relationships and overcome hurdles – often using musical toys as stimuli

### Activities with parents and children

encouraging attachment – body and eye contact and recognition – work with mirrors – looking and playing

playing at children's level, on floor

parents making play instructions

parents talking with their children

giving parents confidence

how to hold children

when children cry, parents respond

coping with and changing institutionalised behaviour – for example, head banging and rocking

### Observing and monitoring

physical contact: positive or negative, hugging and cuddling?

children relaxed or distressed?

weeks when parents overwhelmed her and many other demands were made on her time. Her programme with the parents includes basics such as advice about child development, toy making, helpful routines to settle the child, play and stimulation, nutrition and so on. In addition, contacts have been made with the local family planning organisation to provide information to parents.

*below: in the Family Room, building institutionalised children's confidence takes time and patience*

I worked alongside her in the early stages, helping her to build bridges between the institution and PCN, and encouraging understanding between the play workers and the nurses. Over the last year, we have looked together at child development, developing 'life story' work with very young children, talking with and counselling parents, negotiating conflict, making observations and keeping records. She also has regular supervision sessions with me for letting off steam, feeding back information and assessing progress.

**What next?**

For the future, M is trying to build stronger links with a family care team set up by PCN: these are the people who actually deal with returning children to their homes or placing them for adoption.

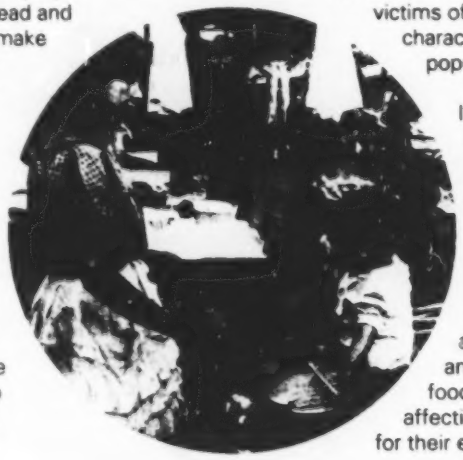
She also sees a need for materials to provide information for parents in both words and pictures, and for networks to be strengthened and expanded, inside and outside the institution. But for now something and someone is in place, is standing up to evaluation and is proving the long term worth of the work. ⌟

## El Salvador: breaking out of poverty

Marisa de Martinez, Director of the CINDES

The *Centros Infantiles de Desarrollo* (CINDES – infant development centres) of the Foundation-supported Street Vendors project in San Salvador, the capital of El Salvador, started operations in 1989.

The centres are for children of poor, unemployed women who are either illiterate or can read and write a little. These women attempt to make a living by selling small articles on the streets but don't earn nearly enough to cover the basic necessities of life. Mothers and children live either in small rooms in old houses which are shared with between 8 and 15 other families, or in *champas*, small shelters made of scrap materials and lacking drinking water and drainage.



The women, who are mostly young or single mothers, have to confront life alone, taking all the responsibility for the development of their children. To add to their problems, government health and education programmes are not always accessible.

The children develop in a dismal, hostile and dehumanising environment. Eighty per cent suffer from chronic malnutrition and all they have to look forward to is a couple of years at school followed by work with their mothers on the streets.

The material deprivation is matched by affective deprivation: the lives of their young and poorly educated mothers are made wretched by the stresses of living at subsistence level, so tenderness and stimulating interplay with their children are secondary considerations. Like their children, they also lack affection and moral support. Their mental health is damaged and their emotional tensions are all too easily relieved on their children in the form of physical and verbal maltreatment.

The children thus find themselves converted into victims of a situation which has its origins in the character of our society: large sections of the population are excluded or marginalised.

In the face of this reality – a reality which confronts thousands of Salvadorean children – we are able to offer some small relief in the CINDES, where the children have their own small space, a space where they are able to be children. A team of 22 infant educators work with them for ten hours each day. They offer activities which stimulate psychological and physical development, and provide food and health care. They also give them affection – something which is so important for their emotional security.

The other priority is the training of the mothers. In this we try to create positive attitudes towards their children so that, in spite of the extreme difficulties that they face, they can build an appropriate and responsible relationship with them. To help in this, we involve them in the running of the CINDES: it gives them more time with their children.

They also contribute what they can afford to the running costs, while we, in our turn, make revolving loans available to them so that they can develop better businesses.

# Zimbabwe: Working with rural families

This article was written by some of the staff members of the Kushanda project in Zimbabwe. The project works in rural areas with farm labourer families. Working at the grassroots level, it trains child care workers to implement and run early childhood centres situated on the farms to cater to the needs of the farm community. It also works to mobilise farm communities to set up their own early childhood centres.

Our project has begun to work with 0-3 year olds using a method that we call Pre-school Child Health Education (PCHE). This initiative is a new departure from our established early childhood care and development (ECCD) centres which cater for 3-6 year olds. These centres are situated in rural areas, and cater to the needs of parents and children living in isolated conditions.

Our work with the 0-3 year olds involves: teaching ECCD teachers about the growth and development of children aged 0-6 years; running workshops for parents about early childhood growth and development; conducting home visits to observe and discuss with parents the needs of children aged 0-3, and also those of older children; informing parents and teachers about diseases affecting children; and exploring new ways of improving parent education.

*right: opportunities for experimentation, play and socialising*

### Why only health care for the under threes?

We have found that service provision for the age group 0-3 often focuses solely on health care with little attention being paid to other aspects of the children's development. There are several reasons for this: children of this age group are vulnerable to diseases because of their low immunity, and have to be monitored frequently; as most children are breastfed for part of this period there is a need for maternal health care and support at home; and the lack of resources means that most institutions are limited to providing health care only.

Because service provision is focused on health care, families have to be enabled to not only care and support their young children, but to stimulate them themselves at home. Though we have made efforts to promote this idea through health workshops, we have not met with much success.

### Parental roles

One of the reasons for this is that the attitudes of parents towards early childhood stimulation varies so much. Most parents do not understand the purpose of ECCD activities. They feel that their children will get the necessary stimulation when they go to school. In most cases, the fathers feel that it is the duty of mothers to care for and stimulate children at home. There is a general feeling that fathers who are seen playing with young children must be under the influence of some kind of 'medicine'.

Mothers are therefore left with young children most of the time. But as they are also doing domestic and field work, they have very little time to interact with their infants. The Kushanda project encourages parents to send their 3-6 year olds to pre-schools. The absence of these children then gives the parents the chance to interact with their 0-3 year olds.

We noticed that most mothers do not give their young children enough time to interact freely with other children. The children are either sleeping or on their mothers' backs for much of the time. We encourage interaction during the home visits and the health workshops in which the parents learn about the effects on their development of children's interaction with adults and other children. The health workshops also cover practical issues. For example, one mother said how much she appreciated the advice and practical information she had received from the PCHE home visitor: her baby was suffering from eye problems and she had learned how to wash it safely.

### A historical legacy

One difficulty that we face is Zimbabwe's history of large scale migration among farm labourers looking for work. Though there is less labour migration now than in earlier years, many farm workers still regard themselves as migrants – even those who were born and remain on the same farm. They are reluctant to commit themselves to anything that they perceive as long term. For example, they do not want to become involved in the construction of ECCD centres as they feel that some day they may move away from the farm where they are working and on which the centre is situated.

We feel that there are some significant influences that affect young children's lives, apart from the obvious ones of physical environment and family and social background. These include poverty, which is partly caused by the rising cost of living. This can have traumatic affects on some children: some poor families give a female child to richer families in exchange for food.

Religious beliefs can lead to the deaths of some children from immunisable diseases. In one area

## England: keeping children in their place

Patricia Field

Many of the parents I work with have had difficult childhoods themselves and have not received any education from their own parents about caring for children – indeed they may have received all sorts of very bad ideas about parenthood. What I see is that many of these problems resurface in each succeeding generation.

I also encounter parents for whom abuse, and sexual and physical violence are ingrained: these were some of their commonest experiences as children. Some are angry people who need a lot of professional help and that is beyond my abilities. But, with their agreement, I can ensure that they are referred to specialists. They know that they have to make changes if they really want to be loving and successful parents but it is tremendously difficult for them, sometimes it is impossible, and it always takes years.

Added to such fundamental problems are the effects of poverty. Poverty causes stress, and a stressful household is not a good household in which to bring up children. There are endless practical effects as well – and not just the obvious ones. For example, parents see other people buying things for their children so they copy them, often using money needed for essentials. Television advertising adds to this: they are made to feel inadequate if they don't buy the goodies that the advertisers are making their children want. And I wonder sometimes if three year old children haven't begun to not only demand such things – they certainly do – but to already regard themselves as life's losers if they don't get them.

### Starting from the roots

In all of my work, my starting point is helping parents to find out about themselves and why they think and act as they do. This includes helping them to consider their own life experiences, something which often reveals that many of them did not have some of their most basic needs met when they were children.

One example is the need for love. I am certain that many of the parents who did not experience love as children do not recognise or understand the need for it in their children. For me the answer is to help them to feel loved and valued themselves: only then can they start to love and value their children. But this takes time and progress is easily destroyed.

Such basic work has to be complemented with practical work in areas such as child development, health and nutrition, the need for play and stimulation in a safe and loving atmosphere, fairness and consistency in controlling children, and so on. To this is added the normal work of the family centre which helps them to cope with their material problems.

### Children first

Although my aim is to keep children and parents together, the children come first. I don't take this lightly but neither do I have rigid rules. Avoiding value judgements is essential – we all have our own standards – and if children are safe, happy and thriving that's fine. But if I sense or see or hear about problems then the parents and I work out what is wrong and establish together how things can be improved. If that is not possible or does not work, parents may have their children taken away from them through court action: this is their last chance.

A problem that troubles anyone working as I do is the responsibility of deciding what is 'satisfactory'. What I am really asking is 'How competent are the parents?' I look at each case and try to assess this. Then I try to spot any lurking dangers: of violence or abuse for example. It's not exactly scientific, more to do with experience and developing a feel for it. It's an art really, at least when I get it right. But I can never be totally confident about my decisions and I know that my mistakes might mean years of suffering for children, perhaps worse.

Luckily, there are quite a few success stories, even when cases seem utterly hopeless at first. I remember one young couple who had all four of their children taken away because of fear for their safety. But 10 or 11 years later, after follow up work and support, the mother has had two beautiful children with a new partner and you could not wish for better parents.

*Patricia Field is deputy manager of a family centre which serves a housing estate in a large English town. Family centres are places where disadvantaged families can find sympathetic support and practical help as they try to cope with the problems which confront them each day.*

*On the estate generally, the incidence of unemployment and under employment is extremely high, violence and robbery are commonplace, and many parents lack the life experiences, resources and the skills to construct the sorts of lives which they know they need if they are to care adequately for their children.*

*Within the general work of the family centre, Patricia's work is special. It is about enabling children who are particularly at risk of neglect or abuse to stay with their natural families.*

*While this is not the kind of work which the Foundation supports, the particular problems which it deals with can be found in many of the world's urban areas.*

*continued from page 12*

where Kushanda worked a member of a religious sect had five wives and 30 children. If one of his children dies he accepts this as the normal course of events, not allowing medical intervention to help save the child's life.

Lack of health education and, increasingly significant, the death of one or both parents leaving children in the care of grandparents or distant relatives also causes great difficulties, as does conflict within the family. This can traumatise children and, in the case of divorce or abandonment increases the number of one parent families. Kushanda has even come across many cases where children have been abandoned to the care of strangers. ❑

# Good health and child development linked

Kathy Skaggs

Since 1989, Kathy Skaggs has been the director of the Maternal and Infant Health Outreach Worker (MIHOW) Project based at the Centre for Health Services, Vanderbilt University, in Nashville, Tennessee. Before coming to MIHOW, she was an attorney for Legal Services of Middle Tennessee, where she specialised in family law and represented many community organisations. She is the mother of two teenage sons and, like many MIHOW participants, was a teenage mother herself. MIHOW trains local women to become home visitors, and reaches pregnant women and parents of young children in rural areas where services and infrastructure are lacking.

Being a child is hazardous to your health, at least in the United States. According to a 1993 report from the United Nations Children's Fund (UNICEF), the poverty rate among children in the USA is twice that of any other industrialised nation. A separate report from Tufts University revealed that 12 million American children go to bed hungry each night. Arloc Sherman, an American research analyst with UNICEF notes that 'what really distinguished the USA ... is that we started off with less generous benefits, and as we went through the 1980s ... other nations got more generous and we got even less generous.'

The effects of poverty on a child begin before birth. Low-income women in the USA are less likely to seek early prenatal care and their children are more likely to die at birth. Poverty and the absence of services have long- term effects. Poorly nourished low-income children are 20 times more likely than their middle-class peers to be sick so that they lose 40 per cent more days of school attendance due to chronic illness than do other children.

*Perhaps the most innovative attribute of the MIHOW project is the link between maternal/infant health and the quality of community support systems. The majority of home visiting programme models, whether focused on infant and maternal health issues or on children's intellectual abilities, tend to deal with individual and family functioning separate from its larger context. Where programme attention is given to community perspectives, it generally emphasizes how clients should make use of existing services rather than take action and expand needed support in the community for children and families.*

## A healthy mother means a healthy baby

All children deserve a fair start in life, beginning prenatally with a mother who is well nourished and well cared for, and continuing with a healthy, warm, and stimulating environment, so that they can reach their full potential. Before birth to age three is a critical time for children's development. If children do not begin life healthy, their development suffers in every way. In the USA, where so many people are denied access to health care due to lack of money, any effort to promote child development must necessarily address the needs of children for adequate health care. The MIHOW project combines an emphasis on maternal and child health with a commitment to promoting early child development and community development to provide a fair start in life for all children.

The quotations are from *The MIHOW project at a crossroads: points of departure*, an evaluation report by Douglas R. Powell, Purdue University, Indiana, USA. July 1993.

**Table 1: Survey of young mothers, Marvell, Arkansas, 1990 (percentages)**

| | Marvel | USA |
|---|---|---|
| **Pregnancies** | | |
| First pregnancy before age 20 | 61 | |
| Last pregnancy unplanned | 74 | |
| Using contraception now | 40 | |
| **Access to medical care during last pregnancy** | | |
| 1st trimester | 37 | 76.2 |
| 2nd trimester | 31 | 18.1 |
| 3rd trimester | 9 | 4.0 |
| No prenatal care | 22 | 1.7 |
| **Infant health** | | |
| Did not attempt to breastfeed youngest child | 88 | |
| Introduced solid foods before 6 months | 76 | |
| Child's immunisations not up-to-date | 32 | |

## Health is more than freedon from disease

Like other projects of the Vanderbilt University Center for Health Services (CHS), MIHOW is built upon a definition of health which goes far beyond mere freedom from disease. Health includes all the factors which promote well-being, including effective community action. Since 1982, the MIHOW project has worked in partnership with community-based organisations in Appalachia and the Lower Mississippi Delta, to establish long-term, sustainable responses to serious inadequacies in maternal and child health care and child development.

Like many places around the world, poverty in these regions is a partner to poor education, poor health, and unemployment. Scarce services are often unresponsive and insensitive to the needs of families. In 1990, in partnership with the Boys, Girls, Adults Community Development Center in Marvell, Arkansas, we surveyed young mothers to assess the needs of pregnant women and mothers in the community. The survey revealed extreme poverty and isolation, unplanned pregnancies at an early age, a lack of adequate prenatal care, and insufficient knowledge of infant health issues. Some of the survey findings related to health are presented in the table.

Using local women as the primary staff, MIHOW is a community-based, low-cost intervention that

improves family health and child development in low-income communities. At each site, the project is coordinated by a local community-based organisation which, with CHS training and technical assistance, gradually takes on responsibility for maintaining the project. Trained community mothers visit pregnant women and parents of small children at home, providing health and child development education, support for healthy lifestyles and positive parenting practices. They also advocate to the health and social service systems. Parent group meetings give parents an opportunity to share experiences and learn from each other.

*The grassroots nature of the MIHOW project ... is unique in the field of home visiting programmes. Many existing programme models are driven by professional orientations to helping that ignore and sometimes disrupt the systems of natural helping within communities ... the MIHOW programme offers a different approach to the use of lay persons, and espouses an empowerment framework that calls for individuals to take control of their health and environment.*

The local organisation works with us to recruit a project leader who is a community resident and mother with training or experience in education, social work, or community development. With support, training, and supervision from the CHS, the project leader begins to visit in their homes the high-risk pregnant women she learns of through her personal and professional contacts.

**The natural helping network of women**

After launching the project and providing services for about one year, project leaders recruit and train two to four other local women in each community who are active mothers, care deeply for their children, and have learned about health and parenting from their experience in the family. These new members of the natural helping network of women are trained to help other women in the community learn about pregnancy, birth, infant feeding, and child development. These project services are targeted at women whose children are at high risk of educational and developmental problems because of their mothers' poverty, stress, and geographic isolation.

*below: two young girls and a toy baby in one of MIHOW's projects*

Workers visit community women twice a month during pregnancy and after birth until the child is six months old. From age six months until the child is three, home visits occur monthly. Each worker visits between 15 and 30 women.

**The home visits**

During the visits, MIHOW provides information on self-care during pregnancy, prenatal care, food programmes and other resources, childbirth preparation, prevention of future unwanted pregnancies, breastfeeding, and child health and development. The visitor also provides a positive role model and is a confidante for the mother. Fathers and members of the extended family are involved in the home visit in an effort to maximise the support and assistance available to women during pregnancy and after birth. Home visitors are guided by a curriculum for home visits to pregnant women and mothers developed by the MIHOW project for community workers and used successfully in communities in Appalachia and the Mississippi Delta.

*The MIHOW programme's approach to training is one of its organisational strengths ... The project has been successful in incorporating local projects at different levels of development into the same central training sessions. In interviews for this report, home visitors with considerable MIHOW programme experience pointed to benefits of the training as enthusiastically as home visitors with far less experience. A factor here is the reliance on peers as resources at the training sessions, and the use of seasoned home visitors from well-established MIHOW programmes as presenters and facilitators at the training meetings.*

MIHOW workers participate in the MIHOW education programme, through which local MIHOW staff bolster their communication skills, personal self-confidence, and health education and child development knowledge. Their educational opportunities include initial training and orientation, ongoing in-service training, two regional training gatherings each year, courses for college credit, assistance with certification programmes, individualised education plans, and training designed to improve organisational and management skills.

**Learning and growing**

In communities where jobs are scarce, home visitors are trained and paid to help others in their communities. As one home visitor commented, 'Over the past three years, we have had training and workshops with many professional people, which has helped me to learn and grow in many areas. I have had to travel to different places, to listen and to talk with other Natural Helpers ... I also learn and grow from the mothers and families that I am in contact with.' ❑

Children 0 - 3

# Scotland: mothers meeting the needs

Marion Flett

Marion Flett was, until recently, Director of Young Families Now, a community-based project in Torry, a disadvantaged inner city area of Aberdeen, Scotland. The area was traditionally the hub of life around the harbour and its fishing community but the new and urgent demands of the offshore oil industry have precipitated changes.

One specific problem is that those fathers who work in the oil industry spend two weeks away from home in every four; and because they and their families now lack the support that a fishing community traditionally provides, there are greater pressures and tensions.

For the project, the term 'community-based' is important because it implies not only a geographical location but also that the work of the project is rooted in an identification of their own needs by members of the community. They define priorities for action and have a voice in the control of the programme.

The project team started from Gerry Pantin's* now well known strategy of 'listening until you are tired of listening, then listening some more': we identified needs by asking questions of both local women and workers in the field. Then we found out what kind of provision already existed in the area, or was used by families elsewhere, so that we could identify both gaps and potential starting points for action.

It quickly became clear that, while older children were relatively well catered for, provision for children under three was lacking.

**Support for first time mothers and their babies**

Two specific initiatives arose. The first was a 'first-time mother and baby group'.

The aim of the group was to ease the loneliness and isolation of the new mothers who perhaps did not know their neighbours very well and who had little family support close by. It was intended to be an undemanding social occasion where new mothers could meet others, share the joys and problems and begin to develop a sense of neighbourhood identity with other young families.

Of course it is not one group at all but a new group each year as the babies reach the toddling stage and their needs begin to change. The main point is that there is no pressure on the group to conform to a particular model, nor do individuals feel that they have to do anything other than be themselves in the group.

**Finding its own way**

The support worker makes a point of talking to each individual mother every week and of introducing people to one another. She is also alert and responsive to any problems or interests.

There is no formal structure to the group and no specific educational programme. Mothers themselves made it very clear that they did not want any further input. The learning experience comes from the informal sharing of ideas, the sense of welcome, and the care and concern shown by the project staff. The consequent development of skills, confidence and awareness of group dynamics stands the mothers in good stead as they move on to new groups and activities.

The second initiative arose from our previous experiences. Prior to the project starting, we had tried to set up a mothers and toddlers group. But when we really listened, we discovered that what the mothers wanted were crèches where they could leave their babies and have a break.

In due course drop-in crèches were set up. This was partly to ease the pressures on the families, to enable them to enjoy good quality child care without having to justify the need for it, and to set the tone of 'sharing the caring' in a positive atmosphere of concern.

For small children, the crèches provide an enjoyable group experience in a stimulating learning environment with friendly, caring adults. They are complemented by special crèches for local adult education classes and groups or community meetings of all kinds.

**Positive messages**

Employing local women as child care workers has sent out two positive and reinforcing messages:

first, that the dimensions of continuity, familiarity and attachment for children are emphasised;

second, that the skills and expertise of local

**How parents and children benefit from crèches**

| Parents | Children |
|---|---|
| a break (peace) | can work off energy |
| shopping time | break from house and parents |
| a job (earnings) | more confidence |
| other classes/training | learn social skills |
| leisure activities | access to changing range of toys |
| sleep | security |
| spend time with new baby | settle in nursery and formal education more easily |
| time for themselves | learning opportunities |
| appointments | play |
| learn from workers | learn days of week (eg: crèche days) |

(this chart was drawn up by a social work student in consultation with parents)

A baby needs ...
. . . to be cuddled close to mum.
Her face is his first toy, constantly changing expression, moving and inviting him to join in.
. . . . to play games with you.
. . to be near you
taking turns wherever possible and letting him watch you as you work about the house.

*above: the illustrations come from a booklet entitled 'Ooh isn't he lovely' produced by the Community Education Development Centre, Lyng Hall, Blackberry Lane, Coventry CV2 3JS, United Kingdom.*

*right: young children learn from other children through play (Young Families Now project).*

mothers in child care are publicly valued and acknowledged.

The second is especially important at a time when moral panic about single parent families in Britain is encouraging attacks on the ability of single women to be successful mothers. The project experience – as with many other similar projects where women do have opportunities – is that there is a vast reservoir of knowledge, expertise and skills to be tapped and shared among others if only we are sufficiently astute to recognise it. ❑

*Father Gerry Pantin is the founder and first Director of SERVOL (Service Volunteered for All) in Trinidad and Tobago.

## Project principles in action

The Crèches, 'First time mother and baby group' and 'Mother and toddler groups' together epitomise the principles of the project in action: no one resource is better than the others, all have important contributions to make, particularly if they can be meshed together in one neighbourhood.

It is important to support initiative for mothers and children to enjoy time together **and** to enjoy opportunities apart while meeting the needs of both.

The needs of mothers and children are inextricably interlinked and cannot be seen in isolation from one another.

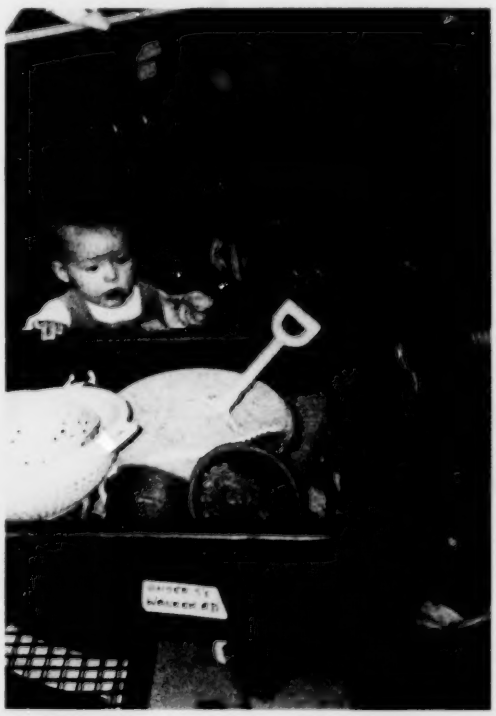
Mothers deserve support as the primary educators of their own children to avoid the dangers of them being overburdened with all the demands and pressures of modern living.

Women in disadvantaged communities should not have to 'jump through hoops' to gain access to shared child care.

The initiatives described here are only one element in a series of activities in the wider context of a neighbourhood approach.

There is a variety of different opportunities to be enjoyed in a wide range of groups where the same people can participate in different roles.

The dangers of fragmentation of effort and too many different kinds of groups are offset by the concepts of progression and development in familiar settings.



Children 0 - 3

# Working with children under three years of age

Kamariah Ismail

Kamariah Ismail is a specialist in training people working with young children, and training trainers. She uses participatory methods and emphasises the holistic development of young children and learning through fun. Kamariah Ismail was involved in a former Foundation-supported project in Malaysia (where she lives) and has brought her expertise to many areas of the world. In this article she shares the training insights that she has gained through her experience.

Very young children form a significant percentage of the total population of many developing countries. In 1993 Malaysia, for example, had nearly two million children below four years – over 10 per cent of the total population – and the number is increasing. Most under-threes come from low income communities in rural areas. As most of their parents work outside the home, they are often left in the care of other family members or older siblings, or neighbours. Limited resources in the country mean that priority is given to the over-fours as most parents and professionals believe that they must be prepared for school. Services for the under-threes are rarely considered a significant component of early childhood development programmes.

One study of families in Malaysia's plantation sector found that toddlers (2-3 years old) are often neglected by their mothers and caregivers in preference for newly born and younger siblings. Young children are also neglected as a result of rural-urban migration of working parents, and irregular working hours in the industrial sector, which cause long separations between the under-threes and their natural parents.

Even though all children under six need healthy, caring and stimulating environments and attachment to their family members, the under-threes have special needs. Children below 18 months require physical stimulation, opportunities to develop trust and security; exposure to the objects they are interacting with and related action words; and opportunities to develop their motor and discriminatory skills, and their sensory perception. Children between 18 months and three years need to develop independence and self-expression through: language experience, stimulating tasks, motor development activities, and self-directed activities that enhance their positive self-concept. Traumatic experiences such as long separation from, or the sudden loss of, their natural parents caused by migration, war or economic conditions could lead to serious consequences for the children as they get older.

## Implications for training

In training caregivers and selecting materials appropriate for the under-threes, caregivers should be aware of the children's special needs and behaviour. They need to understand and interpret children's behaviour, through their body language or when they show frustration. At this age children can comprehend more than they can verbalise. Adults can facilitate and encourage them to touch, examine and explore objects around them; learn to control their body and muscular coordination; satisfy their curiosity; and discover and learn things.

The needs of each child must be understood. The children's pace and readiness should set the pace of the day's routine. Irrespective of where the children are (urban, rural, slum communities or refugee camps), a relaxed pace and environment in which the daily tasks and routines of both adults and children are integrated into learning activities is key to meaningful activity planning for the children.

The training methodology for caregivers of the under-threes should also get caregivers to review their own attitudes in interpreting and interacting with the children; strengthen their ability to plan; and enable them to provide challenging and creative learning opportunities and materials for the children.

## A training programme for home-based care

A training programme for home-based care should firstly examine the diversity of background among the caregivers in terms of culture, age, values, level of literacy, economic background and accessibility to materials, the media and other resources. The programme's objective should be to support home and family-based caregivers in their caring role. It requires caregivers to develop skills in examining their own interactions with the children.

The training methodology for home-based caregivers should actively involve them in the learning process and in self-learning. Learning is active when it is focused on the immediate environment; interwoven into the home/family routines and tasks; takes into account the neighbourhood and cultural activities; and maximises objects within the home and immediate environment.

## Training evaluation

Effective training for caregivers of children below three years of age contributes to the improvement of the quality of services, and upgrades the professionalism and status of the caregivers. In determining whether training is effective, evaluation of its impact should include an examination of the caregivers' attitudes and values; identification of their new awareness, sensitivity and responsiveness to the needs of children; a review of their communication skills; and their ability to use their child care skills to create positive parenting interactions and practices. The evaluation should include assessment of the training methods, materials, content and process with a view to designing more appropriate and effective ones. This is to ensure that training does not only lead to mere acquisition of knowledge but to the upgrading of skills, a change of attitude towards the children, and positive adult-child interactions. ❑

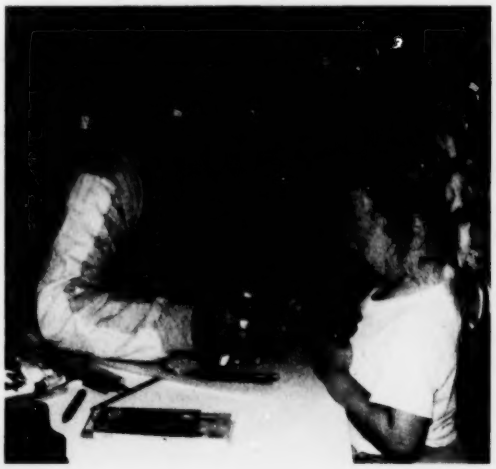
Children 0 - 3

# Theoretical contributions to child development

This article has been prepared in the Foundation's Studies and Dissemination Section. It provides a brief overview of the major theoretical considerations in child development which are currently being debated.

The theoretical debate on child development has been mainly dominated by the field of psychology and, within this discipline, the major discussions have been about the influence that genetics and the environment have on why and how children change over time.

Piaget and Vygotsky have developed important theoretical work which has influenced the way the general public thinks about child development. Piaget's theory has focused on the cognitive dimension of children's development. His major question was 'how does the relationship between the person acquiring knowledge and the knowledge change with the passing of time?'



## Developmental stages

*above right and centre: stimulating young children's creativity (Brazil)*

*below: children learn from the daily activities in their immediate environment (Nigeria)*

In answer to this question, Piaget proposed a sequence of developmental stages through which children pass, and which enable them to perform more complex tasks as they grow. These developmental stages were labelled 'sensori-motor' (0-2 years), 'pre-operational thought' (2-7), 'concrete-operational thought' (7-11), and 'formal operations' (11+). Piaget's work has influenced educational curricula: these stages have been taken as universal milestones for the assessment of normal behaviour and learning processes have been designed accordingly. Such an emphasis on the process of knowing has highlighted the development of intelligence as a main objective of education.[1]

Vygotsky's theory is often presented as an alternative perspective to Piaget's. His work has also focused on human cognition, particularly in the growth of thought and language.[2] He claims that changes in the way that children think are not primarily influenced by innate or inherited factors, (something which has been attributed to Piaget's theory[3]). Instead, he argues that processes of thinking are products of the activities practised by individuals within the social institutions of their culture. For example, in cultures where people dedicate most of their time to the manipulation of objects, thinking will be more practical compared to those cultures facing modern technological challenges: in these will be found more abstract thinking. Vygotsky's work has influenced educational curricula, especially in non-formal education. For example, it links the development of language to a comprehensive set of interrelated influences, including social, cultural, and psychological influences. These can be regarded as environmental influences and so will differ from child to child and culture to culture.

In spite of differences that may emerge from analysis of such theoretical work, there is an increasing agreement among the scientific community that child development is indeed influenced by the environment. From this, a 'holistic' approach seems necessary if we are to understand the influence of multiple and interrelated components on outcomes for children. Moreover, whatever influence genetics may have on children's development, ECD intervention programmes can do nothing to change genetic backgrounds. Therefore it is better to try to influence those environmental variables which have an impact on outcomes. These include good health, nutrition, emotional support, social competencies, and so on.

## A dialogue between disciplines

A holistic understanding of child development is the result of a dialogue between psychology and other disciplines such as health and nutrition, anthropology, sociology and education, among many others. As a result of this dialogue, there is growing evidence[4] to support the idea that developmental outcomes are achieved through children's interactions with their environments.

New theoretical work discusses these interactions from different angles. From the perspective of

nutrition, Zeitlin et al[5] have attempted to find out why some children thrive despite adverse circumstances whereas others in the same circumstances are malnourished. Explanations of nutritional differences between children have been related to differences in the quality of the interaction between them and their caregivers. For example, when mothers directly supervise food intake, children do better.

From the perspective of social psychology, Bronfenbrenner[6] has developed an ecological model to show how children grow up in interaction with various interrelated settings, that is the home, the immediate community, the institutional community and the social and political institutions of society.

From the perspective of anthropology, Super and Harkness7 claim that children's growth and development is mediated by a 'developmental niche' formed by the physical and social setting of the child, the beliefs and attitudes of caregivers, and the child rearing practices in a given cultural community. This work emphasises the role that children play in constructing their own environment as they interact with their culture.

**The family perspective**

From the perspective of the family, there are now better approaches to understanding of the effects of marital problems[8] and single parenthood on children. Equally interesting are contributions which show how the interactions of siblings may play a significant role in facilitating children's development.[9]

From the perspective of medical science, Brazelton[10] has claimed a close relationship between biological factors and the environment of the child. The child begins to modify the environment from the time it is conceived through demands made on caregivers, particularly on the mother. He emphasises the importance of the first three years of life during which children soon learn if they should or should not trust their environment, and whether they can or cannot rely on their caregivers to obtain what they need for their growth and development. Research has demonstrated the benefits associated with prompt and appropriate responses by caregivers to the demands of very young children.[11]

This kind of research provides valuable knowledge which can be used to review, support, and assess intervention strategies which aim at the development of children by improving the quality of their interactions with the environment. ❑

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11. See 'Five vignettes: how services can change the lives of infants, toddlers and their families' in Zero to three publications, Arlington, VA: National Center for Clinical Infant Programs. Also see: 'Heart Start, Executive Summary' in Zero to Three Publications, Arlington, VA: National Center for Clinical Infant Programs.

Children 0 - 3

# Colombia: quality of life

Dr Jose Amar Amar

The work of the *Costa Atlantica* project in Colombia has been based at the *Universidad del Norte* and supported by the Foundation for many years. It has reached more than 40,000 children. This article discusses the ways in which the concepts, theories and strategies which underlie its practices have largely emerged from the project and have been refined by study and reflection.

For many years the concept of care of the under threes was limited to early stimulation and early education. These ideas were developed outside our context, intended for disadvantaged or high risk children, and were certainly not specific to the needs of Latin American children from poor backgrounds.

Programmes usually included: a) fine and gross motor faculty exercises; b) attention and observation exercises; c) sensory-perception stimulation; d) cognitive training; and e) some aspects of hygiene, health, nutrition and psycho-affective development. Alarmingly, these programmes were routinely applied on the assumption that children's development and needs were universal.

This approach – which is still widespread – is questionable. For example, we do not share the view that the human brain is a blank, passive receiver and storer of a flood of external stimuli. On the contrary, the nervous system has its own rhythm and activity. Independent of external stimuli, it plays an active role in the regulation of sensitivity and the control of stimuli picked up by the peripheral sense organs. Unlike a machine, which responds passively to all kinds of stimulation, the brain has functions which are fundamental in determining what, when and how facts are internalised.

That is why experiences cannot be recalled objectively: each individual's nervous system selects, transforms and registers objective events in life in accordance with that individual's characteristic biological sensitivity.

**Infant socialising**

The approach can also be questioned from the social point of view: we know that – outside purely physical maturation – child development is a cultural process. Socialisation within the family and in the community constitute processes of cultural transformation. This gives a valid meaning to childhood in each cultural context, one which is based on a society's perceptions of the child as a social being. Socialisation practices therefore incorporate different types of knowledge about children including values, beliefs, customs and expectations. In more demanding circumstances, knowledge of disciplines such as psychology, medicine and pedagogy are also necessary.

From this, we can say that integral care of the under- threes means programmes which both transform the meaning of working with children and include developing new practices with adults.'Irrelevance of the inappropriate'. When the *Costa Atlantica* project worked with the early stimulation/education approach, detailed consideration of the results bef re, during and after intervention initially showed significant differences in development between children who had participated and those who had not. However, six months later the differences, while still evident, were no longer significant. A year later there were no differences. This led us to draw two conclusions:

that there is not one single intervention model, still less one which can ignore cultural, socio-political, economic and ethnic differences among children;

that in spite of the striking similarities to be found in the behaviour of children in different contexts, the nature of child development is not fixed.

On the basis of these considerations, planning of care for the under threes is now based on an approach which we call 'Infancy and the Quality of Life'.

This stresses the need to define the bases of interventions and the meaning of childhood within the social and cultural contexts of our country. Equally we need to know exactly who the children are and to have a clear idea of what is expected of the programme in terms of social functions.

Such an approach also implies taking place and time variables into consideration: historical and geographical factors simultaneously condition, limit and enable the operations of projects.

**Quality of human life**

Thinking then about the quality of life means starting from the realities and parameters which define it. On the one hand we find the social model which is being aimed at; a concept of society; and a concept

*above: companionship and interaction with other children is vital in the development of social skills of the under threes (Costa Atlantica project, Colombia)*

of development. On the other we see that all human development processes are embedded in specific cultures whose symbols, values and experiences define its meaning. It is on these bases that different groups working within the *Costa Atlantica* project determine the problems, objectives, policies, and actions which they will address.

From this point of view, improvements in the quality of life centre around people's capacity for action, their acts, and their personal and societal ideals. They recognise and adopt reality in an active way, and transform and enrich it. Thus quality of life is a socially and historically defined concept based on the needs and interests of the community. The aim is a project which really is for life, and which is founded in the realities of its contexts.

Given these considerations, the *Costa Atlantica* project has based programmes for the under threes on three fundamental components:

> children's immediate environments, including those physical, economic, political, social and cultural elements which determine children's possibilities for development;
>
> children's relationship with their environments and the changes experienced by their egos as they relate to others;
>
> children's internal worlds, and the biological and psychological changes which are brought about by the maturing of the nervous system, and which facilitate the acquisition of a human personality.

**Eliminating risk factors**

However, prior to any direct work with children the project intervenes to eliminate or attenuate risk factors in children's immediate environments, particularly in the family and the local community. The idea is to improve employment levels, housing, nutrition, hygiene, and so on.

We believe that, when it is possible to involve all members of the community in the struggle to improve their material living conditions, new kinds of social, political, economic and cultural relations are created. There is also a recognition of the individual's personal worth and this generates a significant and favourable impact on children's lives.

Generally, programmes aimed exclusively at children without taking environmental factors into account will not have a lasting effect: sustainability arises from new values adopted by the community with regard to the development of their children.

**Infants and their families**

Few people would now question the value of family-based approaches to care which start from a thorough understanding of children's real needs and the ways in which they can be met. Ten years ago the *Costa Atlantica* project began an in-depth study of the ways in which families living in poverty protect their children. How did so many children manage to survive in spite of deprivation?

We looked into the daily life of poor families and found that there are two types of elements which characterise their lives of the poor: negative elements – related to needs; and positive elements – such as resourcefulness, struggle and daily labour, which can counteract the former.

Three types of protection can be observed: security, family relationships and relationships which affect the emotions. The first two are the most pertinent: through them poor people, and especially children, find mutual support and defence.

In addition, two types of daily protection factors can also be seen: material; and non-material. The former cover family income, health care, food, accident prevention, and so on; the latter include parental responsibility, protection from moral dangers, training for the future, display of affection, and so on.

Our conclusion is that, if we wish children to become creative adults capable of successfully tackling the problems of the society in which they live, they must be brought up in an atmosphere of love and care, and parents are best able to offer the necessary warm and secure relationships.

We start from the fact that every child is a unique expression of humankind: that is why we have rejected standardised programmes. From the point of view of their inner lives, children build their own individuality and the relations between children and their environment are not unilateral. Children affect and modify their environment to the extent that they project their intentions, their intelligence and their feelings.

The relationship between children and other people is one of mutual transformation. Therefore every programme should accept that the building of psychological life is a process of transformation which starts in the biological reality of human beings and continues in their relations with their environments.

Within the *Costa Atlantica* project, any new work is based on the reality which children live in and become aware of during their natural activities. In other words, we seek in-depth knowledge of the objective activities of the life of the child's psyche, especially in regard to the spatial, temporal and social world. Any programme which fails to take this into account risks promoting a sophisticated form of cultural violence … for what else is external imposition? ❑

# Resources for the under-threes

**On this page is a small selection of the many useful resources available for the age group 0-3 in the English language. There are, of course, many more resources in other languages.**

**Caribbean family life: a practical guide**
Elaine Robertson
Cambridge University Press, The Pitt Building, Trumpington Street, Cambridge CB2 1RP, United Kingdom. 1987. ISBN -521-31944-7.

This book looks at child development from conception through to children's first few years. It explains the sexual development of adolescents, and the human reproductive system. Other topics covered include: parental roles; the mother's health during pregnancy; children's health during their first years; play materials appropriate to age and culture; children's behaviour. The book gives practical advice on child care, and introduces the importance of quality contact with adults.

**Child-to-Child: a resource book,**
Grazyna Bonati and Hugh Hawes, The Child-to-Child Trust
The book is available through Teaching-aids At Low Cost (TALC), P.O. Box 49, St. Albans, Herts AL1 4AX, United Kingdom. 1992. Information about The Child-to-Child Trust is available from The Child-to-Child Trust, Institute of Education, 20 Bedford Way, London WC1H 0AL, United Kingdom.

The child-to-child philosophy is about using children as active agents in spreading health improvement messages to their families, siblings and communities. Part of this resource book looks at how older children can safely play with babies and younger children. It gives some ideas of games and activities, and explains why play is important for these young children. The rest of the book focuses on health education approaches, prevention of bad health and accidents, and activities for parents, schools and older children.

**Developmentally appropriate practice in early childhood programmes serving children from birth through age 8**
Sue Bredekamp (ed.)
National Association for the Education of Young Children, 1834 Connecticut Avenue, N.W., Washington DC 20009-5786, USA. 1987. ISBN 0-935989-11-0.

Looks at the role of adults – parents and other caregivers – in the development of young children. The first section concentrates on the age group 0-3. The book looks at interpreting children's behaviour, and the sorts of activities and practices that can be carried out at each stage of their development. It contains extensive references for further reading.

**Learn to play**
Regional Training and Resource Centre, Kenya Institute of Education, P.O. Box 30231, Nairobi, Kenya. June 1993.

This is a well illustrated compilation of easy to make toys. The first two chapters concentrate on children from 0-4 years. The book recommends age appropriate toys, the toy's objective in child development, the materials needed, and how to make the toy. All the toys are safe for children, and are cheaply made from locally available materials.

**On becoming a family: the growth of attachment before and after birth**
T. Berry Brazelton
Bantam Doubleday Dell Publishing Group Inc., 666 Fifth Avenue, New York, New York 10103, usa. 1992. US$ 16.00.

This book is written for parents, and seeks to clarify what 'bonding' and 'attachment' are. It explains that these are not automatic but are a result of a process of interaction between parents and babies. It uses short case studies as examples to bring its points across, and contains a bibliography.

**Preparing practitioners to work with infants, toddlers and their families: issues and recommendations for parents**
Emily Schrag Fenichel and Linda Eggbeer
National Center for Clinical Infant Programs, 2000 Fourteenth Street, North, Suite 390, Arlington VA 22201-2500, USA.1990.

This publication is aimed at parents. It discusses issues and offers recommendations on parents' input in preparing care services for infants and families. It looks at parents as users of the services, policy leaders in these services, and trainers of caregivers. It touches upon ways of collaboration between parents, policy makers, educators and professionals to improve the training of caregivers.

**Stimulation activities for young children**
Department of Pre-school and Elementary Education, National Council of Educational Research and Training, Sri Aurobindo Marg, New Delhi - 110 016, India. 1991.

This book was produced for parents and child care workers. It begins by explaining what 'early childhood stimulation' is, and then suggests games, toys, and songs based on traditional child rearing practices. It explains the benefits of each activity for the children. The activities are divided by their suitability for different age groups. The book is illustrated throughout.

**The future of our children: home visiting. Volume 3, No. 3, Winter 1993.**
Richard E. Behrman (ed.)
The Center for the Future of Children, The David and Lucile Packard Foundation, 300 Second Street, Suite 102, Los Altos, CA 94022, USA. ISSN 1054-8289.

This issue of the series 'The future of our children' focuses on the importance of home visiting in delivering health, welfare and education services to children and families. The publication includes descriptions of the theory and practice of some programmes in Europe and the USA; research carried out on home visiting; and possibilities for expanding or improving programmes. It also includes extensive bibliographies for further reading.

**Watch me grow**
Contact Children Project, 2nd Floor, 23 Mary Street, Surry Hills 2010, Australia.

This is a series of five booklets that aims to provide early learning experiences for young children, and develop family communication skills in recognition that parents are their children's first and most influential teachers. The booklets are divided into age groups. Each booklet explains the characteristics of children at particular ages, and provides space for parents to note the development stages of their children. They also contain activities for children.

Bernard van Leer Foundation

# Newsletter

Number 75 July 1994

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## About the Foundation

The Bernard van Leer Foundation is an international, philanthropic and professional institution based in The Netherlands. The Foundation's income is derived from the Van Leer Group of Companies – established by Bernard van Leer in 1919 – a worldwide industrial enterprise of which the Foundation is the principal beneficiary. Created in 1949 for broad humanitarian purposes, the Foundation concentrates on the development of low-cost, community-based initiatives in early childhood care and education for socially and culturally disadvantaged children from birth to eight years of age.

The Foundation provides financial support and professional guidance to governmental, academic and voluntary bodies setting up projects to enable disadvantaged children to benefit fully from educational and social development opportunities. The Foundation currently supports approximately 100 major projects in some 40 developing and industrialised countries. The dissemination, adaptation and replication of successful project outcomes are crucial to the Foundation's work.

Grants are not made to individuals nor for general support to organisations. The Foundation does not provide study, research or travel grants. No grants are made in response to general appeals. In accordance with its statutes, the Foundation gives preference to countries in which the Van Leer Group of Companies is established.

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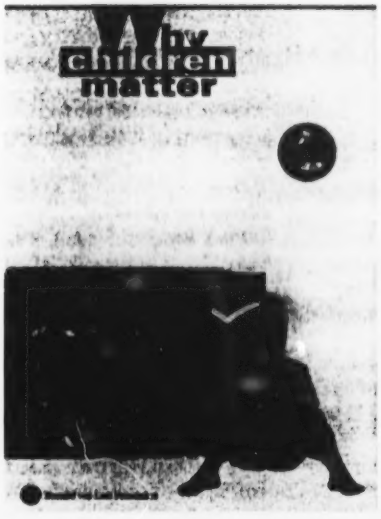


## New publication

*Why children matter: investing in early childhood care and development*

Children represent the future. Investing in them and their healthy development has benefits for society as a whole, for parents and families and, of course, for the children themselves. In this publication, the Foundation summarises the evidence and makes the arguments for investing in the early years. Examples of approaches being taken around the world help to explain why investing in early childhood care and development is one of the best ways of building a brighter, better future.

Published June 1994. ISBN 90-6195-027-9. (A Spanish language edition will be published towards the end of 1994.)

**Dear Reader,**

**The theme of the January 1995 Newsletter will be 'Targetting teenagers'. Are you concerned about a rise in teenage pregnancies? How well do young mothers cope with their small children? Do teenage males acknowledge their children and support them and their mothers?**

**If you have practical project experience to share with other readers, please send it by 12 October 1994 to the Communications Section of the Foundation at the address given above.**